

County: Oneida
DR KATE NEWCOMB CONVALESCENT CENTER
301 ELM P.O. BOX 829

Facility ID: 2810

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WOODRUFF 54568 Phone:(715) 356-8888

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/02): 65

Total Licensed Bed Capacity (12/31/02): 65

Number of Residents on 12/31/02: 57

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

No

Yes

60

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		29.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		43.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.0		More Than 4 Years		26.3
Day Services	No	Mental Illness (Org./Psy)	47.4	65 - 74	7.0		-----		-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	35.1				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.4		*****		*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	10.5		Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	26.3	65 & Over	93.0		-----		-----
Transportation	No	Cerebrovascular	7.0		-----		RNs		16.4
Referral Service	No	Diabetes	1.8	Sex	%		LPNs		4.4
Other Services	No	Respiratory	1.8	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.0	Male	26.3		Aides, & Orderlies		41.8
Mentally Ill	No		-----	Female	73.7				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	1.9	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	0	0.0	0			51	98.1	103	0	0.0	0	5	100.0	149	0	0.0	0	0	0.0	0	56	98.2
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0				52	100.0		0	0.0		5	100.0		0	0.0		0	0.0		57	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:						Activities of		% Needing Assistance of	Total
						Daily Living (ADL)		One Or Two Staff	Number of Residents
						Independent		% Totally Dependent	
Private Home/No Home Health	13.6						10.5	52.6	57
Private Home/With Home Health	2.3						10.5	36.8	57
Other Nursing Homes	36.4						26.3	64.9	57
Acute Care Hospitals	38.6						17.5	35.1	57
Psych. Hosp.-MR/DD Facilities	0.0						61.4	49.1	57
Rehabilitation Hospitals	0.0							12.3	57
Other Locations	9.1								

Total Number of Admissions	44					Continence		% Special Treatments	%
Percent Discharges To:						Indwelling Or External Catheter		Receiving Respiratory Care	17.5
Private Home/No Home Health	12.8					Occ/Freq. Incontinent of Bladder	73.7	Receiving Tracheostomy Care	1.8
Private Home/With Home Health	2.1					Occ/Freq. Incontinent of Bowel	59.6	Receiving Suctioning	0.0
Other Nursing Homes	4.3							Receiving Ostomy Care	3.5
Acute Care Hospitals	4.3					Mobility		Receiving Tube Feeding	1.8
Psych. Hosp.-MR/DD Facilities	0.0					Physically Restrained	24.6	Receiving Mechanically Altered Diets	52.6
Rehabilitation Hospitals	0.0								
Other Locations	14.9					Skin Care		Other Resident Characteristics	
Deaths	61.7					With Pressure Sores	8.8	Have Advance Directives	77.2
Total Number of Discharges						With Rashes	1.8	Medications	
(Including Deaths)	47							Receiving Psychoactive Drugs	50.9

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.3	87.4	1.06	85.1	1.08
Current Residents from In-County	52.6	84.3	0.62	76.6	0.69
Admissions from In-County, Still Residing	15.9	15.2	1.05	20.3	0.78
Admissions/Average Daily Census	73.3	213.3	0.34	133.4	0.55
Discharges/Average Daily Census	78.3	214.2	0.37	135.3	0.58
Discharges To Private Residence/Average Daily Census	11.7	112.9	0.10	56.6	0.21
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	93.0	91.8	1.01	87.7	1.06
Title 19 (Medicaid) Funded Residents	91.2	65.1	1.40	67.5	1.35
Private Pay Funded Residents	8.8	22.6	0.39	21.0	0.42
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	47.4	31.3	1.51	33.3	1.42
General Medical Service Residents	14.0	21.8	0.64	20.5	0.68
Impaired ADL (Mean)*	57.5	48.9	1.18	49.3	1.17
Psychological Problems	50.9	51.6	0.99	54.0	0.94
Nursing Care Required (Mean)*	11.0	7.4	1.48	7.2	1.52